

**Resident:** \_\_\_\_\_ **Resident's Rm. #:** \_\_\_\_\_ **Physician:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_  
**Pharmacy:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Prescription #:** \_\_\_\_\_  
**Medication name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Method:** \_\_\_\_\_ **Number of Refills:** \_\_\_\_\_  
**Date Medication Received:** \_\_\_\_\_ **Date Reordered (if applicable):** \_\_\_\_\_ **Date Discontinued:** \_\_\_\_\_  
**\*Disposition of Remaining Doses** (Given to a family member or responsible individual or returned to Pharmacy for destruction) : \_\_\_\_\_  
**Signature of TWO witnesses of disposition:** \_\_\_\_\_ / \_\_\_\_\_

[illegible]